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Return both copies within five days to Clerk of Court issuing license.

Section 32-353.34, Code of Virginia.

COMMONWEALTH VIRGINIA DEPARTMENT OF HEALTH - BUREAU OF VITAL RECORDS HEALTH STATISTICS AND MARRIAGE RETURN NO. CITY OR NAME OF CLERK'S Winchester Corporation COUNTY OF COURT NUMBER (first) FULL NAME (middle) (last) OF GROOM Ellis Clair Pheasant 2. AGE 3. DATE OF (month) (day) (year) 4. PLACE (state or foreign country) BIRTH OF BIRTH May 1928 Pa. Years (white, negro, etc.) 5. RACE 6. SINGLE, WIDOWED, (specify) (first, second, etc.) NUMBER OF OR DIVORCED White THIS MARRIAGE Single One GROOM elementary ! high school college **EDUCATION-SPECIFY USUAL RESIDENCE:** 0, 1, 2 to 8 11, 2, 3 or 4 1 to 4 or 5 + HIGHEST GRADE STREET ADDRESS Delivery General COMPLETED OR RT. NUMBER (if rural, so state) 9c. COUNTY 9b. CITY OR TOWN (if independent city, leave blank) 19d. STATE (OR FOREIGN OF RESIDENCE COUNTRY) Cassville Huntingdon Pa. 10. NAME OF MAIDEN NAME FATHER OF MOTHER Ellis Pheasant Lola David 12. PRESENT NAME (middle) (first) (if different) (last) MAIDEN OF BRIDE Diana Dandrea SURNAME Lee 13. AGE 14. DATE OF 15. PLACE (state or foreign country) (month) (day) (year) BIRTH OF BIRTH 32 27, 1936 June Pa. Years 16. RACE 17. SINGLE, WIDOWED, (specify) (first, second, etc.) -(white, negro, etc.) 18. NUMBER OF OR DIVORCED THIS MARRIAGE White Single -One BRIDE i high school elementary college 19. EDUCATION-SPECIFY 20a. USUAL RESIDENCE: i 1 to 4 or 5 + 0, 1, 2 to 8 1, 2, 3 or 4 HIGHEST GRADE STREET ADDRESS OR RT. NUMBER COMPLETED 120c. COUNTY 20b. CITY OR TOWN (if rural, so state) (if independent city, leave blank) ! 20d. STATE (OR FOREIGN of RESIDEN Juniata, Altoona COUNTRY) Blair 21. NAME OF MAIDEN NAME **FATHER** OF MOTHER Gilbert Dandrea Olive Duraneetti MARRIAGE LICENSE TO ANY PERSON LICENSED TO PERFORM MARRIAGES: You are hereby authorized to join the above named persons in marriage under procedures outlined in the statutes of the Commonwealth of Virginia. SIGNATURE Quanita M. Fletches DATE SIGNED June 16, 1969 CICENSE EXPIRES SIXTY DAYS AFTER ABOVE DATE CLERK OF COURT OR DEPUTY CERTIFICATE MARRI GE (county or independent city) DATE OF 25. PLACE OF (year) Winchester MARRIAGE MARRIAGE VIRGINIA 26. TYPE OF (civil or religious--specify) IF RELIGIOUS CEREMONY, NAME OF CHURCH OR ORDER CEREMONY religious United Methodist I CERTIFY THAT I JOINED THE ABOVE NAMED PERSONS IN MARRIAGE ON THE DATE AND AT THE PLACE SPECIFIED. SIGNATURE OF OFFICIANT Roanoke TITLE OF minister YEAR OF BOND OFFICIANT BONDED IN. (city or county) Cameron Street. Winchester.

ADDRESS OF OFFICIANT

(street or route number)

(city or town)

(state)